

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

AKANIXENE WILLIAM ETUK

Write the full name of each plaintiff.

CV

(Include case number if one has been assigned)

-against-

BRONXWORKS, DHS, MONIG FIORE  
MEDICAL

**COMPLAINT**

Do you want a jury trial?

☐ Yes ☐ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

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2024 JUN 24 PM 2:11

**I. BASIS FOR JURISDICTION**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ Federal Question

☐ Diversity of Citizenship

**A. If you checked Federal Question**

Which of your federal constitutional or federal statutory rights have been violated?

VIOLATION OF THE FOURTH AMENDMENT, VIOLATION OF AMERICAN WITH DISABILITIES ACT (ADA), VIOLATION OF PRIVACY, EXCESSIVE FORCE, FALSE IMPRISONMENT, NEGLIGENCE, ADDITIONAL ALLEGATIONS.

**B. If you checked Diversity of Citizenship****1. Citizenship of the parties**

Of what State is each party a citizen?

The plaintiff, \_\_\_\_\_, is a citizen of the State of \_\_\_\_\_  
(Plaintiff's name)

\_\_\_\_\_  
(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of \_\_\_\_\_

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, \_\_\_\_\_, is a citizen of the State of  
(Defendant's name)

\_\_\_\_\_  
or, if not lawfully admitted for permanent residence in the United States, a citizen or  
subject of the foreign state of \_\_\_\_\_

If the defendant is a corporation:

The defendant, \_\_\_\_\_, is incorporated under the laws of  
the State of \_\_\_\_\_

and has its principal place of business in the State of \_\_\_\_\_

or is incorporated under the laws of (foreign state) \_\_\_\_\_

and has its principal place of business in \_\_\_\_\_

If more than one defendant is named in the complaint, attach additional pages providing  
information for each additional defendant.

## II. PARTIES

### A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional  
pages if needed.

AKANIYENE W ETUK  
First Name Middle Initial Last Name

2404 ATLANTIC AVENUE #04  
Street Address

BROOKLYN NY 11235  
County, City State Zip Code

(818) 985-9411 (929) 676-0970 awetuk001@gmail.com  
Telephone Number Email Address (if available)

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

BRONX WORKS

First Name

Last Name

Current Job Title (or other identifying information)

3600 JEROME AVENUE

Current Work Address (or other address where defendant may be served)

BRONXNY10467

County, City

State

Zip Code

Defendant 2:

DEPARTMENT OF HUMAN SERVICES (DHS)

First Name

Last Name

Current Job Title (or other identifying information)

33 BAYCHA STREET

Current Work Address (or other address where defendant may be served)

NEW YORKNY10004

County, City

State

Zip Code

Defendant 3:

NYPD

First Name

Last Name

Current Job Title (or other identifying information)

1 POLICE PLAZA

Current Work Address (or other address where defendant may be served)

NEW YORKNY10038

County, City

State

Zip Code

Defendant 4:

MONTIFLORE MEDICAL CENTER  
First Name Last Name

Current Job Title (or other identifying information)

111 EAST 210TH STREET

Current Work Address (or other address where defendant may be served)

BRONX  
County, City

NY  
State

10467  
Zip Code

### III. STATEMENT OF CLAIM

Place(s) of occurrence: 3600 Jerome Avenue, Bronx, NY 10467

Date(s) of occurrence: 05/25/2024

#### FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

SEE ATTACHED DOCUMENT MARKED (5)

United State District Court



United States District Court  
Southern District of New York  
500 Pearl Street  
New York, NY 10007

Akaniyene William Etuk  
2402 Atlantic Avenue #04  
Brooklyn, New York  
awetuk001@gmail.com  
1(818) 485-9411 / 1(929) 676-0970  
Pro Se Plaintiff

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Akaniyene William Etuk,

Plaintiff,

v.

BronxWorks, DHS, NYPD, MONTEFIORE MEDICAL,  
Defendants.

Case No.: \_\_\_\_\_

United State District Court

**Facts**

- 2024
8. On May 25, at approximately 11:00 AM, officers from the NYPD, accompanied by staff from BronxWorks and DHS, arrived at Plaintiff's residence at 3600 Jerome Avenue, Bronx, NY 10467.
  9. Despite having established residency for over one year and without providing proper notification, BronxWorks staff forcibly removed Plaintiff from his residence.
  10. Plaintiff had previously reported to BronxWorks about an incident involving a staff member calling him derogatory names, but no corrective action was taken.
  11. The NYPD officers, without Plaintiff's permission, transported Plaintiff to Jacobi Medical Center.
  12. At Montefiore Medical Center, medical staff injected Plaintiff with an unknown substance without his consent, violating Plaintiff's rights under the Health Insurance Portability and Accountability Act (HIPAA).
  13. Plaintiff's registered service animal, a dog, was also taken from him without his permission.
  14. As a result of these actions, Plaintiff suffered physical and emotional injuries.

**Claims for Relief**

**Count I: Violation of the Fourth Amendment**

15. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-14 as though fully set forth herein.
16. Defendants' actions in forcibly removing Plaintiff from his residence and transporting him without consent constituted an unreasonable seizure in violation of the Fourth Amendment.

United State District Court

**Count VI: Negligence**

25. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-14 as though fully set forth herein.

26. Defendants' failure to provide proper notification and accommodations, and their neglect in handling Plaintiff's complaints, constituted negligence.

**Additional Allegations**

27. There is no evidence that these officers signed or did not sign an oath to "We the People."

28. There is no evidence that these officers are in fact police or policy enforcers for the original republic.

29. There is no evidence that these officers are not working for a foreign corporation.

30. There is no evidence that there was a victim to which I may have caused harm..

**Prayer for Relief**

WHEREFORE, Plaintiff respectfully requests that this Court enter judgment in his favor and against Defendants, and award Plaintiff:

- A. One million dollars (\$1,000,000.00) for each violation of Plaintiff's constitutional rights and the ADA;
- B. Punitive damages in an amount to be determined at trial;
- C. Declaratory relief stating that Defendants' actions violated Plaintiff's constitutional rights and the ADA;
- D. Injunctive relief preventing Defendants from engaging in similar conduct in the future;
- E. Reasonable attorney's fees and costs of this action;
- F. Such other and further relief as the Court deems just and proper.



Montefiore

## AFTER VISIT SUMMARY

Akaniyene Etuk MRN: 09857794 DoB: 1/8/1977

📅 5/25/2024 📍 Moses Division Hospital Emergency Department 718-920-5731

### Instructions

- Go to Animal Care Centers of NYC at 326 E 110th Street, Manhattan to pick up your service animal
- Go to your new shelter Camba Atlantic House Men's Shelter at 2402 Atlantic Ave, Brooklyn 11233
- You can pick up your remaining property at Jerome Avenue Men's Shelter

### Today's Visit

You were seen and/or your care was supervised by: Joan Gerbasi, MD, Adele T Munsayac, MD, Ayol Samuels, MD, Aubrey Vinh, MD, Mohana Biswas, MD, Zoe Kratina-Hathaway, MD, Arianne Foster, MD

#### Reason for Visit

Agitation

#### Diagnosis

Agitation

#### 🔬 Lab Tests Completed

Advanced microscopic (Ordered BY LAB ONLY)

Basic Metabolic Panel

CBC

Hematology Reflex Trigger

Liver Tests

Manual Differential & Smear Review

Thyroid Stimulating Hormone (TSH)

Thyroxine (T4)

Urinalysis

#### 🔬 Lab Tests in Progress

FLU/RSV + SARS-CoV-2 - POC

Urine, Drugs Screen (9) plus Buprenorphine

10/22/22, 12:22 PM

Vet Treatment History



Animal  
Care Centers  
of NYC

2336 Linden Boulevard  
Brooklyn NY 11208  
212-788-4000

### Vet Treatment History

#### Owner Details

Akaniyene Etuk  
1923 McDonald Avenue APT 167  
BROOKLYN NY 11223

818 485 9411  
818 485 9411

#### Animal Details

Name: Veilee  
Type: Dog  
Mixed: Yes  
Color(1): Unknown (update later)  
Gender: Female  
Spayed / Neutered: Unknown  
Age: 10 Months

This is to confirm that our records show that the animal described above has had the following vaccinations and treatments administered:

Vet Treatment Type	Date Given	Type	Expiration Date	Route Of Admin	Result	Vet	License #
1 Rabies Vaccine	22-Oct-2022	Killed				VET-P 991234	NY-010887

Vet Treatment Type	Due Date
1 Rabies Vaccine	22-Oct-2023

Vet Signature:

  
Dr. Michelle Lugones

Date: 10/22/2022 1:19:00 PM



Animal  
Care Centers  
of NYC

## Reunification Form

326 East 110th Street  
New York NY 10029  
212-788-4000

### Agent / Owner's Details

Person ID: 138876  
Receipt #: 249314  
Receipt Date: 7/12/2023

Person Name: Akaninyene Eink  
Person Address: 1923 Mc donald Avenue APT 167  
BROOKLYN NY 11223  
Home Phone:  
Mobile Phone: 818 489 9411  
Email: awetuk01@gmail.com

### Animal Details:

Animal ID	Name	Type	Mixed	Color(1)	Color(2)
1 176452	Veillee	Dog	Yes	Black Brown	
Gender	Spayed / Neutered	Age	Incoming Date	License fee	
Female	No	3 Years	6-Jul-2023		

### Reunification Details:

Item	Amount

### Products / Services:

Product / Service	Date	Quantity	Price Each
Microchip Implantation		1	\$0.00
Microchip Implantation		1	\$0.00
Bordetella Vaccine		1	\$15.00
DA2PP Vaccine		1	\$15.00
Dewormer Treatment		1	\$12.00
Medical Exam		1	\$30.00
NYC Dog Licence, unaltered [LICU]		1	\$34.00
Rabies Vaccine		1	\$15.00
Restoration/Redemption Fee		1	\$3.00
Total products / services fee included in payment details below:			\$124.00

### Payment Details:

Fee	Amount
Reunification	\$0.00
Dog License	\$0.00
Amount Paid	\$0.00

#### Notes:

Entered By:456 991311 Printed By:456 991311 Printed On:Jul 12 2023 10:10AM

### Reunification Agreement:

REUNIFICATION CONTRACT

[To Animal Details](#)[To Kennel Card](#)[Main Search Page](#)[Switch to Current Address](#)[Print Form](#)Animal  
Care Centers  
of NYC

## Agency Receipt

326 East 110th Street  
New York NY 10029  
212-788-4000Person DetailsPerson ID: 5951  
Receipt #: 285399  
Receipt Date: 5/25/2024

Person Name: Police 52nd Precinct Police 52nd Precinct

Person Address: 3016 Webster Avenue  
Bronx NY 10467

Home Phone:

Mobile/Phone: 718 220 5811

Email:

Identification Type:

ID Number:

Animal Details

Animal ID	Name	Type	Mixed	Color(1)	Color(2)
1 153814	Veillee	Dog	Yes	Black	Tan
Gender	Spayed / Neutered	Age	Primary Microchip #	Rabies Tag	Date In / Found
Female	No	3 Years 8 Months 3 Weeks (approx)	985113005559199	23-278818	25-May-2024

Payment Details:

Fee	Amount
	Amount Paid \$0.00

Notes:

Jurisdiction: Bronx

Entered By:1582 992296 Printed By:1582 992296 Printed On:May 25 2024 9:47PM Entered By User ID:1582

Conditions:

ACC's Surrender Prevention program can help you keep your pet! This program can provide you with information about free or low-cost veterinary care, pet food, behavior training, and more. Would you like to speak with an Admissions Counselor for more information? ☐ YES ☐ NO

**PLEASE CONSIDER CAREFULLY**

ANIMALS SURRENDERED TO ACC ARE CAREFULLY EVALUATED BASED ON AVAILABLE MEDICAL AND BEHAVIOR INFORMATION FOR ADOPTION, TRANSFER TO A RESCUE PARTNER, OR EUTHANASIA (HUMANELY PUT TO DEATH) AT THE SOLE DISCRETION OF ACC.

In consideration of Animal Care Centers of New York City ("ACC") accepting the animal described herein ("this animal"), I understand and agree as follows (please initial each section):

ACC does not guarantee that this animal will be adopted by a member of the public or transferred to a rescue partner. I understand that the length of time the animal may be held and the outcome, including adoption or humane euthanasia, is solely ACC's decision.

ACC may require that questions or other requests regarding the outcome of this animal be made in writing.

If this animal has bitten a person or animal, I will inform ACC.

My Account (5) | My Subjects (4) | Track USA Service | G Email | Chrome | Opera | Chrome | Complaint Page | Survey Report | KONOS | Mail - Akanyene | +

us:service-dog-registration.com/track/trackid=1009076684



SERVICE ANIMAL TYPES ▾

STORE ▾

SUPPORT ▾

REVIEWS ▾

CALL OR TEXT NOW (800) 283-7183

REGISTRATION LOGIN

LOGIN

## MY ACCOUNT

Print

## HANDLER INFO



Akanyene Etuk  
1923 McDonald Avenue #107, Brooklyn,  
NY, 11223  
Email:  
polyphonicsystems@gmail.com  
Phone: 212-5630546

## REGISTERED ANIMALS



Animal #1-Yellow  
Breed: Rottweiler  
Type: Service Dog

Handler: Akanyene Etuk  
1923 McDonald Avenue #107,  
Brooklyn, NY, 11223  
polyphonicsystems@gmail.co  
m | 212-5630546

Registration: 1009076684  
Service: Medical Alert  
Training Status: My Dog is  
"Trained Service animal"

I have housing letter completed.  
How to make my dog Serv.  
Forgot my registration no...

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

*See ATTACHED Document*

**IV. RELIEF**

State briefly what money damages or other relief you want the court to order.

*See ATTACHED Document*

**V. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

06/24/2024  
Dated

[Signature]  
Plaintiff's Signature

AKANUYENE W  
First Name Middle Initial

ETUK  
Last Name

2404 ATLANTIC AVENUE #04  
Street Address

BROOKLYN NY 11233  
County, City State Zip Code

(818) 485 9411 (929) 676-0970  
Telephone Number

awetuk001@gmail.com  
Email Address (if available)

~~I have~~ read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.